

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57	1		
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66	1		
17							67	1		
18							68	1		
19							69	1		
20							70	1		
21							71	1		
22							72	1		
23							73	1		
24							74	1		
25							75	1		
26							76	1		
27							77	1		
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	2		
TOTAL DEP.							TOTAL DEP.	19		
TOTAL CLAIMS							TOTAL CLAIMS	21		